	PATENT A	PPLICATIO Effect	N FEE DE	RD	Application or Docket Number 19/66/72-0 AMD - H1634									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR				OTHER THAN		
TOTAL CLAIMS			20					TE	FEE	<u> </u>	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE GLAIMS			<del>}</del> .—minus-20=		· 6		X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			$3 \cdot \text{minus } 3 =$		* ,Ø		X42=			OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					-	 10=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	TOTAL	0.50	
3-29-05 CLAIMS AS AMENDED - PART II								OTHER THAN						
		(Column 1) CLAIMS			nn 2) IEST	(Columi	n 3)	SMAL	ALL		OR I 1	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER OUSLY	PRESE		RA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 20	Minus	** 2				X\$	9=		OR	X\$ <del>18-</del>		
AME	Independent	• 3	Minus	***			,_	X42=			OR	X84-		
L	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	40=		OR	36 ° + <del>280=</del>	_	
								ADDIT	OTAL	<b></b>	OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3								. F <b>C</b> C		8	APUH. FGE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESE EXTR		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		=		X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	drick)		-		X4	2=		OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN.	CLAIM			1	<del></del>		1	+280=		
	1. 15								OTAL		OR	TOTAL		
	18										OR	OH ADDIT. FEE		
		(Column 1) CLAIMS		HEST	T	u1-3)			ABBI			Lann		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ĮŽ	Total	*	Minus	**		=		X\$	9=		OR	X\$18=		
AR	Independent	*	Minus	***	T CI Alice	]=		X4	2=	1	OR	X84=		
	TINO! PHESE	ENTATION OF M	IOLI IPLE DE		- CLAIM			+14	<del></del>		OR	+280=		
	If the entry in colu	Ĺ	MTAL	<del> </del>	<b>1</b>	TOTAL	<b>_</b>							

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

\*\*The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

TOTAL ADDIT. FEE